PLACE OF BIRTH		IA STATE BOA VITAL STATISTICS	
County of	BUKEAU OF	VIIAL SIATISTICS	State Index No.
	GINAL CER	ITIFICATE OF BIRTH	Co. Registrar's No. 2. Q
Mail	-		Local Registrar's No
Town of		_	
City of (No		9	5t;Ward)
FULL NAME OF CHUD	na I	omali	Born YES
If child is not named, make Supplemental F	teport on blank	obtainable from local registr	ar. Alive Sic
Sex of Triplet and Child temale or other	Number in order of birth	Legiti- Date of Birth	1922 Sath Day Yr.
Full FATHER Name Quantume To	mali	Maiden Pietra	Patila
Residence Manni, Quis	ma_	Residence Miam	i, Arizona
Color or Race Age at last Birthday	Years	Color or Race West.	Age at last () 3.0 Birthday Years
Birthplace Jaliaco, Me	hes	Birthplace Colis	o, Mexico
Occupation (Miner	·	Occupation	usewife
Number of child of this Mother Number of Children,	of this mother, now living	Were precautions taken a	gainst Ophthalmin neonatorum? Yes
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of	i the above child	; and that it occurred on L	1987 at 1 V. M.
When there is no attending physician or midwife, then the householder		Signature C. M. VO	now M. D., midwife, householder.
should make this return.	~	Attending physician	, midwite, nousenolder
Given or Christian name added from a		Address Mia	mi drizona
supplemental report191	Filed Me-		LOCAL REGISTRAR.
/39-6) /- 77/ COUNTY REGISTRAR.	Filed	A True Copy	COUNTY REGISTRAR.

N. B.—in case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.